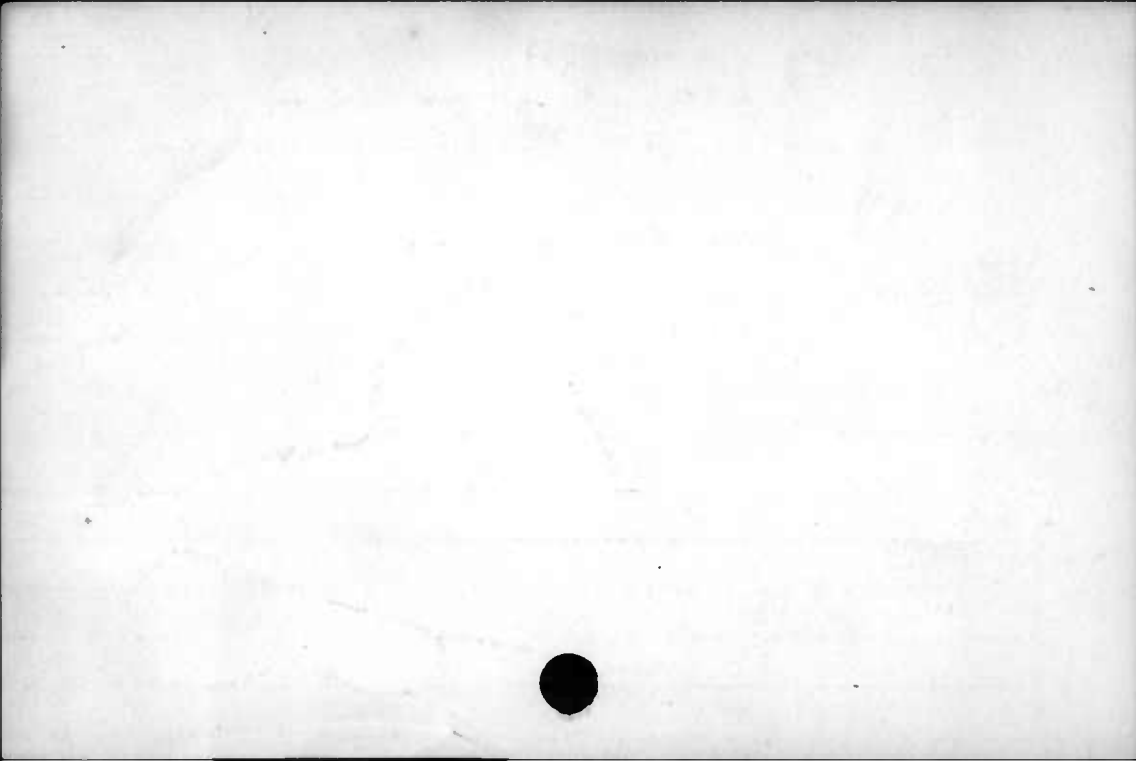


Name in Full		Certificate of Death			
Joseph Baldwin		MARYLAND			
Died at		Town		County	
Savage		Howard		Howard	
Date of death		Month	Day	Age	Years
1907		10	20	73	21
Sex		Color or Race		Birth-place	
male		white		Md	
Occupation		Where Residing if not at place of death			
Carpenter		Savage			
Married, Single or Widowed		Name of Wife or Husband			
married		Julia Ann Baldwin			
Father's Name		Father's Birthplace			
William A. Baldwin		Md			
Mother's Maiden Name		Mother's Birthplace			
Mary Newshaw		Md			
Name of person giving information		How related to deceased			
Francis F. Baldwin		Son			
CAUSES OF DEATH					
Primary		How long			
Hemorrhage into Brain		a few hours			
Immediate		How long			
Shock		progressive			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		William M. D.			
		Address			
		Savage			
Accident or Suicide?					
Neither					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

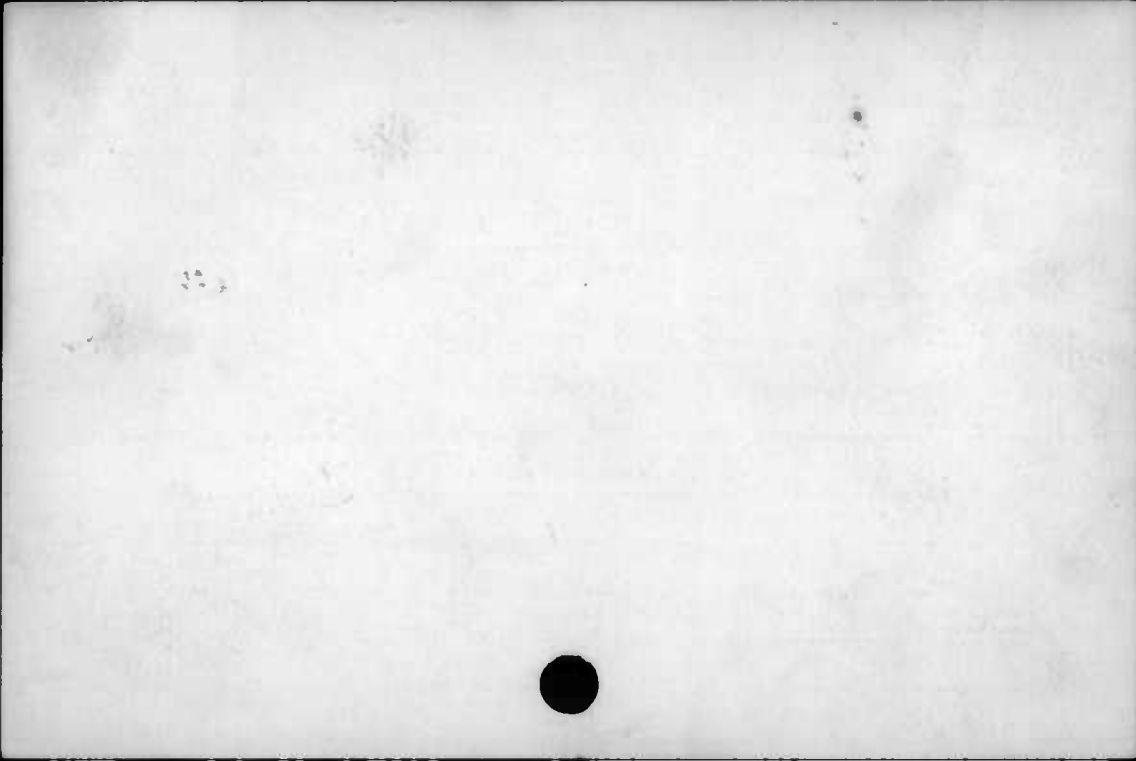
Died at <i>Philadelphia</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <b>1907</b>	<i>Oct.</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>48</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>4</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Howard, Co</i>		
Occupation <i>Former Daughter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Rev. A. B. Brown</i>	Father's Birthplace <i>Howard Co</i>				
Mother's Maiden Name <i>Aleinda Johnson</i>	Mother's Birthplace <i>Howard Co</i>				
Name of person giving information <i>Robert B. Brown</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

**45**

PHYSICIAN  
OR CORONER

Primary <i>Melanotic Sarcoma</i>	How long <i>6. months</i>
Immediate <i>General Sarcinomatous</i>	How long <i>6. months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Spurrin</i>
	Address <i>Wiley</i>
Accident or Suicide?	



Name  
in  
Full

Dorthy Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> Month	<i>22</i> Day	Age <i>—</i> Years	<i>3</i> Months	<i>—</i> Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Benjamin Crawford</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Florence Rodes</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Benjamin Crawford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary <i>Heart none</i>	How long <i>1 mo</i>
Immediate <i>Asphyxia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Shiver</i>
	Address <i>Ellicott City</i>
	<i>MD</i>
Accident or Suicide?	

M<sup>o</sup> Muller Cemetery

Name  
in  
Full

Florence Anita Cross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

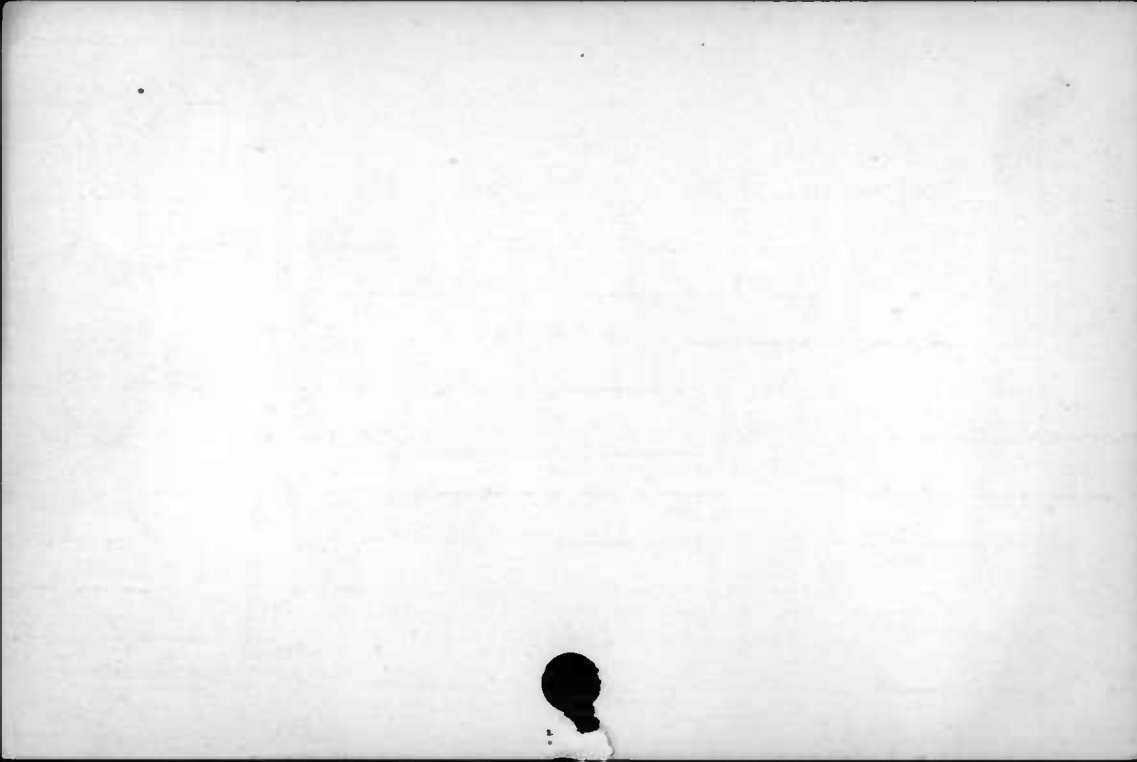
Died at <i>West Friendship</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Harry Lee Cross</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eva May Ridgley</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs O. P. Cross</i>			How related to deceased <i>Grand Mother</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul W. Webb</i>
	Address <i>West Friendship</i>
	<i>Howard County Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mina Elizabeth Foreman</i>		Town <i>Elkridge</i>		County <i>Howard</i>		MARYLAND									
Died at <i>Elkridge</i>		Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>4</i>		Age <i>1</i>		Years <i>1</i>		Months <i>1</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Elkridge</i>											
Occupation				Where Residing if not at place of death <i>Elkridge</i>											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name <i>Custer B. Foreman</i>				Father's Birthplace <i>Fredck Co. Md.</i>											
Mother's Maiden Name <i>Mina R. Metzger</i>				Mother's Birthplace <i>Ill</i>											
Name of person giving In formation <i>Custer B. Foreman</i>				How related to deceased <i>Father</i>											

## CAUSES OF DEATH

1057

PHYSICIAN  
OR CORONER

Primary <i>Misc Infection</i>	How long <i>1 day</i>
Immediate <i>Enterocolitis</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Elk Ridge</i>
Accident or Suicide?	

Interment at Shurmont  
Frederick Co. Md.

William C. Black  
Undertaker

22 N. Luzerne st  
Baltimore Md

Name  
in  
Full

Samuel S. Givens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

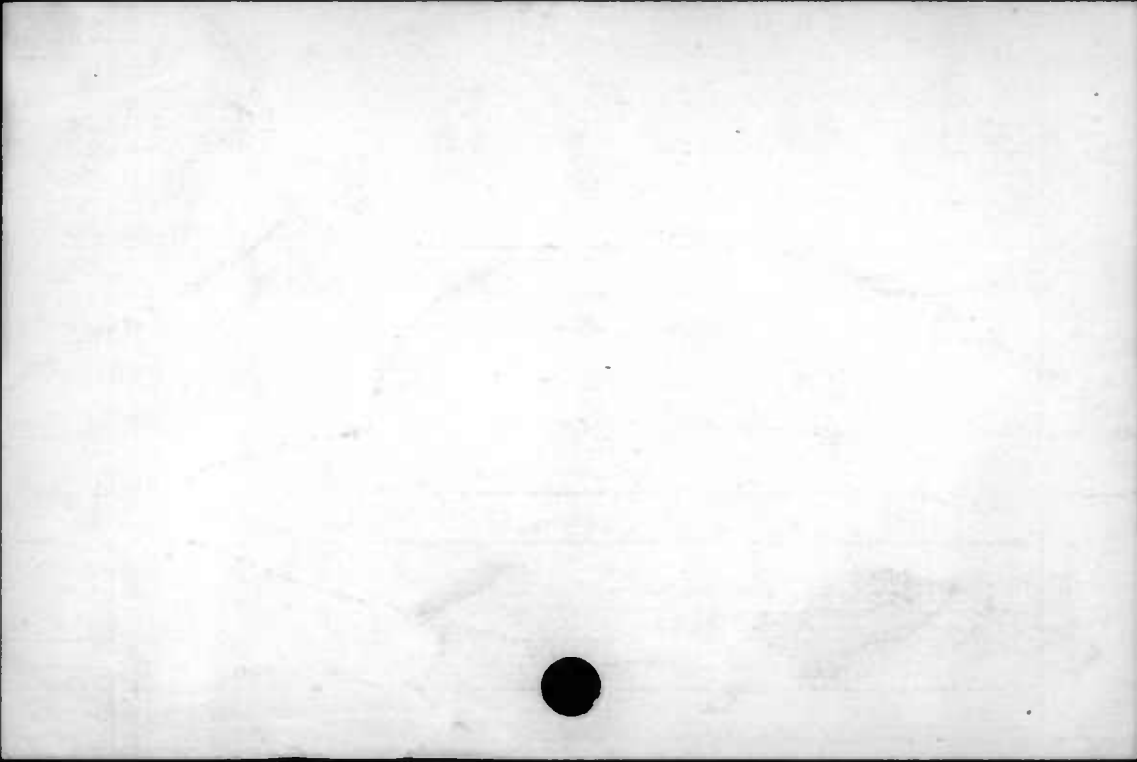
Died at		Town Lissups		County Howard		MARYLAND	
Date of death 1907		Month 10	Day 18	Age Years		Months 1	Days 21
Sex Male		Color or Race Negro		Birth-place Md			
Occupation Infant		Where Residing if not at place of death Near Lissups					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Robert Givens		Father's Birthplace Md					
Mother's Maiden Name Kali Ruder		Mother's Birthplace Md					
Name of person giving information Robert Givens		How related to deceased Father					

## CAUSES OF DEATH

1104

PHYSICIAN  
OR CORONER

Primary	Indigestion	How long	7 weeks
Immediate	Rebantuan	How long	progressive
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. Williams	
Address		Savage	
Accident or Suicide?		murder	



Name  
in  
Full

James Hanigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mayfield</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>oct</i>	Day	<i>16</i>
Age		<i>65</i>	Years	<i>10</i>	Months
Sex		<i>male</i>	Color or Race	<i>Irish</i>	Birth-place
Occupation		<i>Farmer</i>	Where Residing if not at place of death <i>at his home</i>		
Married, <del>Single</del> or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Bridget Shee</i>		
Father's Name	<i>Michael Hanigan</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Bridget Hayden</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Michael Hanigan</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>about 1 week</i>
Immediate	<i>Shock</i>	How long	<i>about 10 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Benj. F. Shipley M.D.</i>
		Address	<i>alpha Ind</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Virginia Henry

Town

County

Died at Fulton

Date

Month

Day

Years

Months

Days

of death 1907 Octo

31

Age

60

Sex

Female

Color or  
Race

Colored

Birth-  
place

Va

Occupation

Housekeeper

Where Residing, if not  
at place of death

Fulton

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
Information

Malinda Robinson

How related  
to deceased

None

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary

Chronic Peritonitis Pelvic

How long

6 mos

Immediate

Cardiac Asthenia

How long

Progressive

Are the name, age, sex, color, date  
and place correctly given above?

Yes

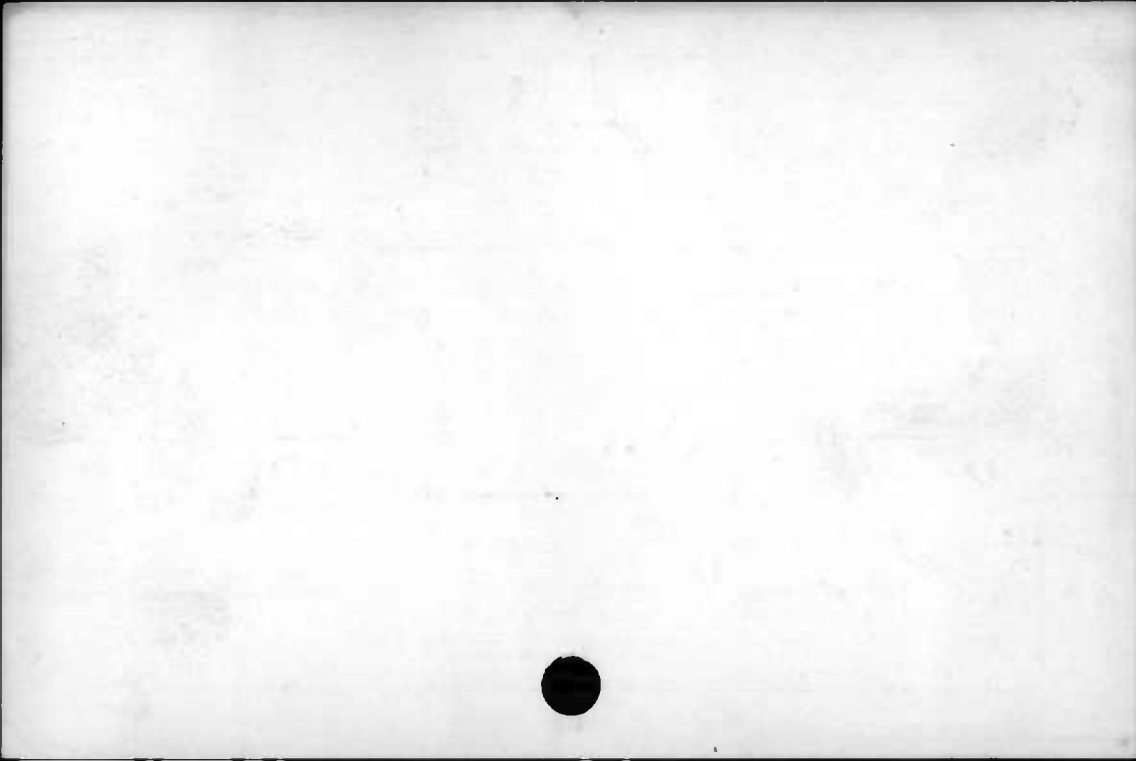
Signature of  
Physician

M. N. L. Cecil

Address

Highland, Md.

Accident or Suicide?





Name in Full		Bazell H. Hobbs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fairfax		County Howard		MARYLAND	
	Date of death	1907	Month Oct	Day 20	Age 70	Years	Months —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Plumber		Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband			
	Father's Name	Robert Hobbs				Father's Birthplace	Ind
	Mother's Maiden Name	Eliza H. Hobbs				Mother's Birthplace	Ind
Name of person giving information	Geo. W. Hobbs				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	13 Days
	Immediate	Intestinal Hemorrhage				How long	2 or 3 Days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				C. W. Steffensen Sykesville Ind		

10/10/10

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

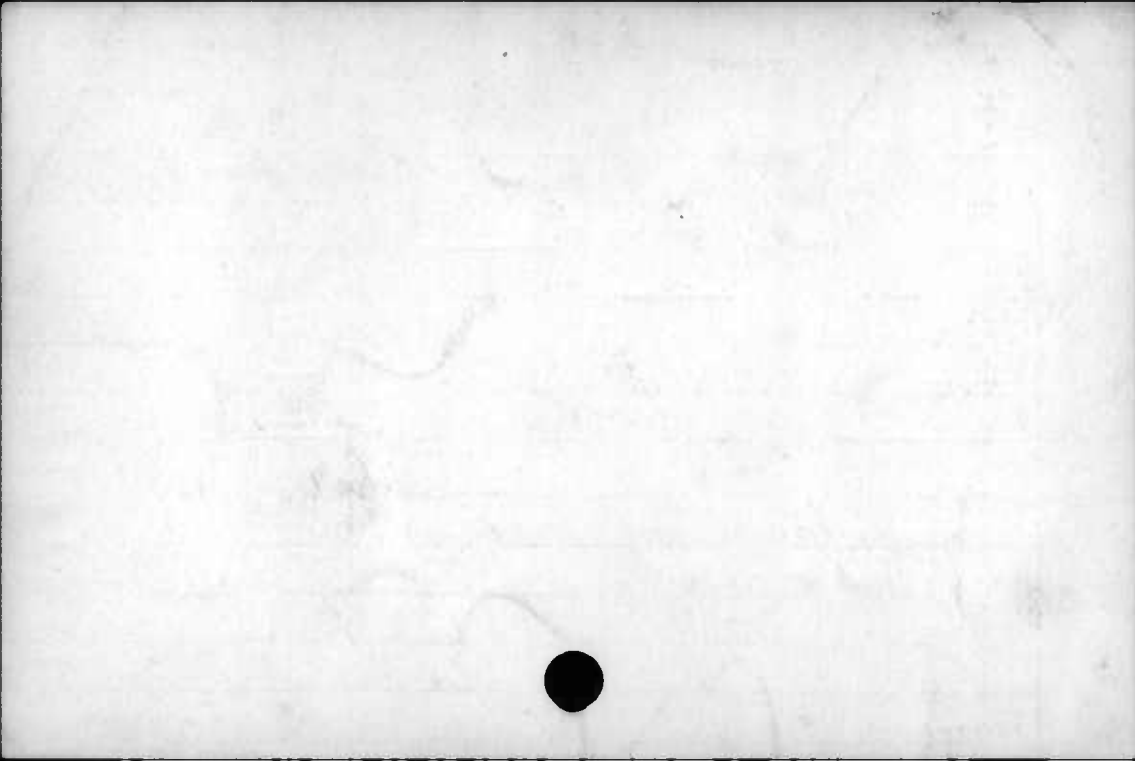
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		October	25th	72		10	
Sex	Male	Color or Race	White	Birth-place	Hesse Darmstadt		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		George Horr			Father's Birthplace		
Mother's Maiden Name		Margaret Yaeger			Hesse Darmstadt		
Name of person giving information		Clara R. Horr			Mother's Birthplace		
					How related to deceased		
					daughter.		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	10 days
Immediate	Same	How long	Same
Are the name, age, sex, color, date and place correctly given above?		ye	
Signature of Physician		Arthur Williams	
Address		Elkridge Ind	
Accident or Suicide?		no	



Name  
in  
Full

George Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Brooksville.</b>		County <b>Howard</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Oct.</b>	Day <b>9.</b>	Age <b>14.</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>Male.</b>		Color or Race <b>Negw.</b>		Birth- place <b>md.</b>	
Occupation <b>Farm laborer.</b>			Where Residing if not at place of death <b>— —</b>		
Married, Single or Widowed <b>Single.</b>		Name of Wife or Husband <b>— — —</b>			
Father's Name <b>George Jackson.</b>			Father's Birthplace <b>md.</b>		
Mother's Maiden Name <b>Sadie Prettyman</b>			Mother's Birthplace <b>md.</b>		
Name of person giving In formation <b>Archie Cook.</b>			How related to deceased <b>none.</b>		

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary <b>General Tuberculosis</b>	How long <b>6 mo.</b>
Immediate <b>General atrophy &amp; hemorrhage</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>—</b>	Signature of Physician <b>J. W. Lacy.</b>
	Address <b>Lisbon</b>
Accident or Suicide? <b>—</b>	<b>md.</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Pleasant Pearl Elizabeth Jones

Town

County

MARYLAND

Died at

Eek Ridge

Howard

Date

1907 Oct.

Day

6

Years

Age

—

Months

8

Days

14

Sex

Female

Color or  
Race

Colored

Birth-  
place

Eek Ridge

Occupation

—

Where Residing if not  
at place of death

Eek Ridge

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles C. Jones

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Harriet R. Waters

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Elizabeth Jones

How related  
to deceased

Grandmother

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Mick infection

How long

1 day

Immediate

Enteric Colitis

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

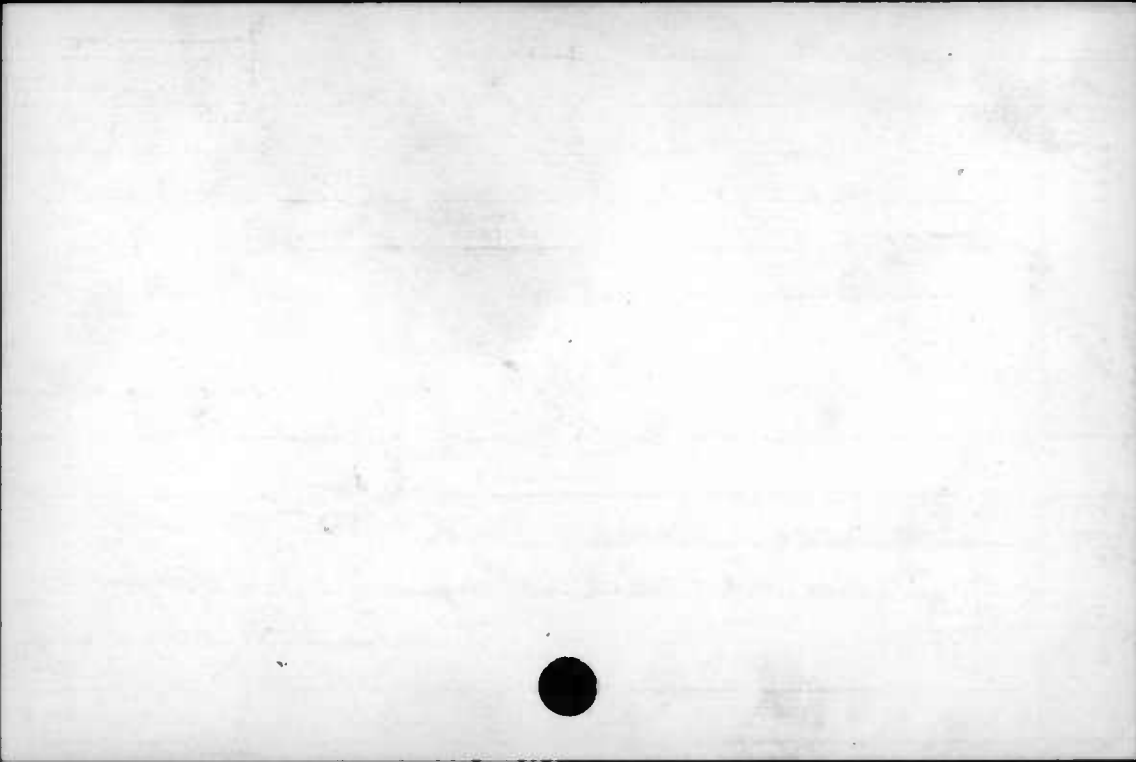
Signature of  
Physician

Wm. R. Eareckson

Address

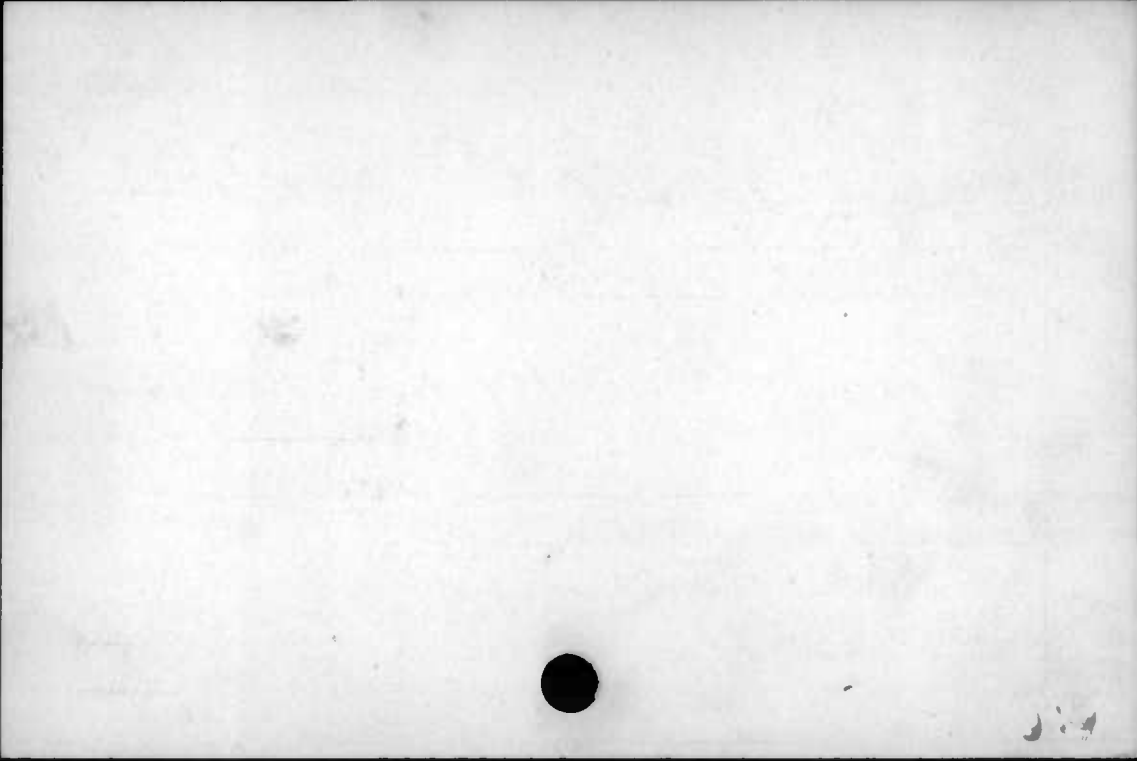
Eek Ridge, Md

Accident or Suicide?





Name in Full		Mary Virginia Keigler				CERTIFICATE OF DEATH	
Died at		near Ellicott City		Howard		MARYLAND	
Date of death		1907	Month Oct	Day 25	Age 48	Months	Days
Sex		Female		Color or Race		White	
Occupation		House wife		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		George C Keigler	
Father's Name		Asbury Molesworth		Father's Birthplace		Maryland	
Mother's Maiden Name		Elizabeth Dickey		Mother's Birthplace		Maryland	
Name of person giving information		George C Keigler		How related to deceased		Husband	
<div>CAUSES OF DEATH</div> <div>43</div>							
Primary		Carcinoma of Mammary Gland				How long One year	
Immediate		Cardiac and General Atherosclerosis				How long Two weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank D. Miller M.D.	
				Address		Ellicott City, Md.	
Accident or Suicide							



Name

in  
Full

## CERTIFICATE OF DEATH

James A. King

Town

County

MARYLAND

Died at

Waterrville

Howard.

Date

Month

Day

Years

Months

Days

of death

1907 Oct.

23

Age

60.

2.

Sex

Male.

Color or  
Race

White.

Birth-  
place

Md.

Occupation

Farmer.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married.

Name of Wife or  
Husband

Margaret Ann Thomas

Father's  
Name

Joseph B. King

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sarah A. Brucher.

Mother's  
Birthplace

Md.

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

62

Primary

Tubes Morsalis.

How long

5 years.

Immediate -

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

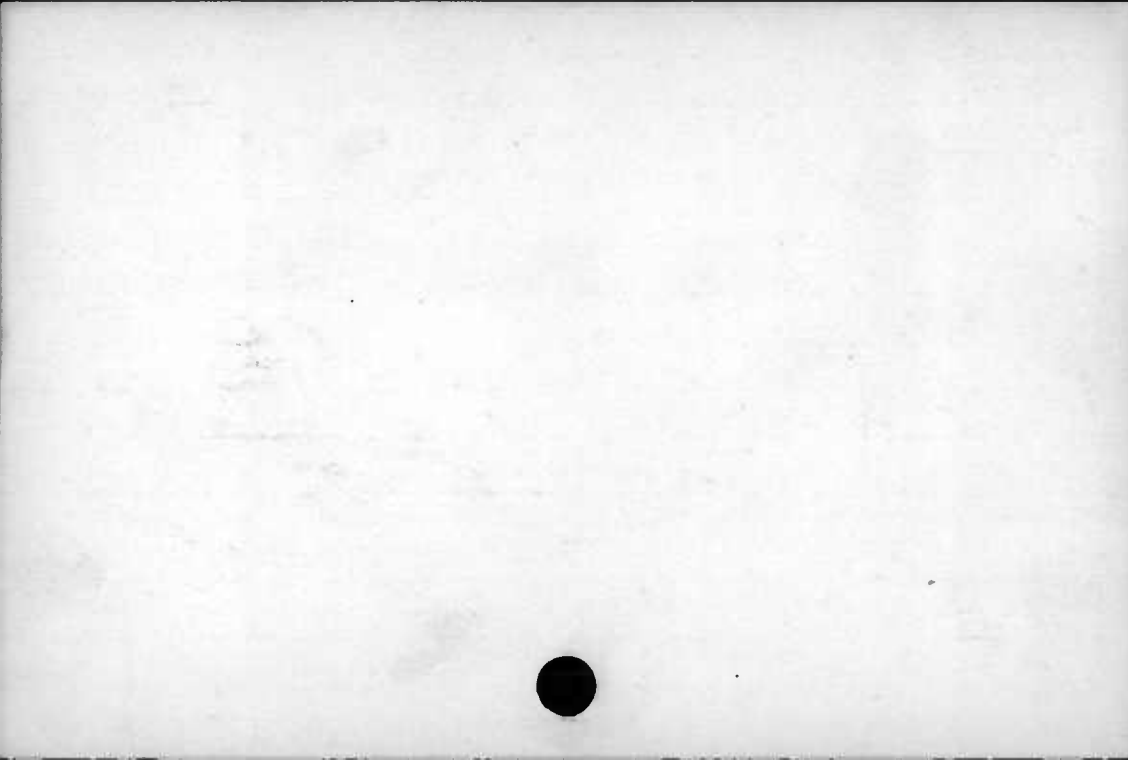
Address

J. W. Lacy.  
Liston

Accident or Suicide?

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full *George M. Mills*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

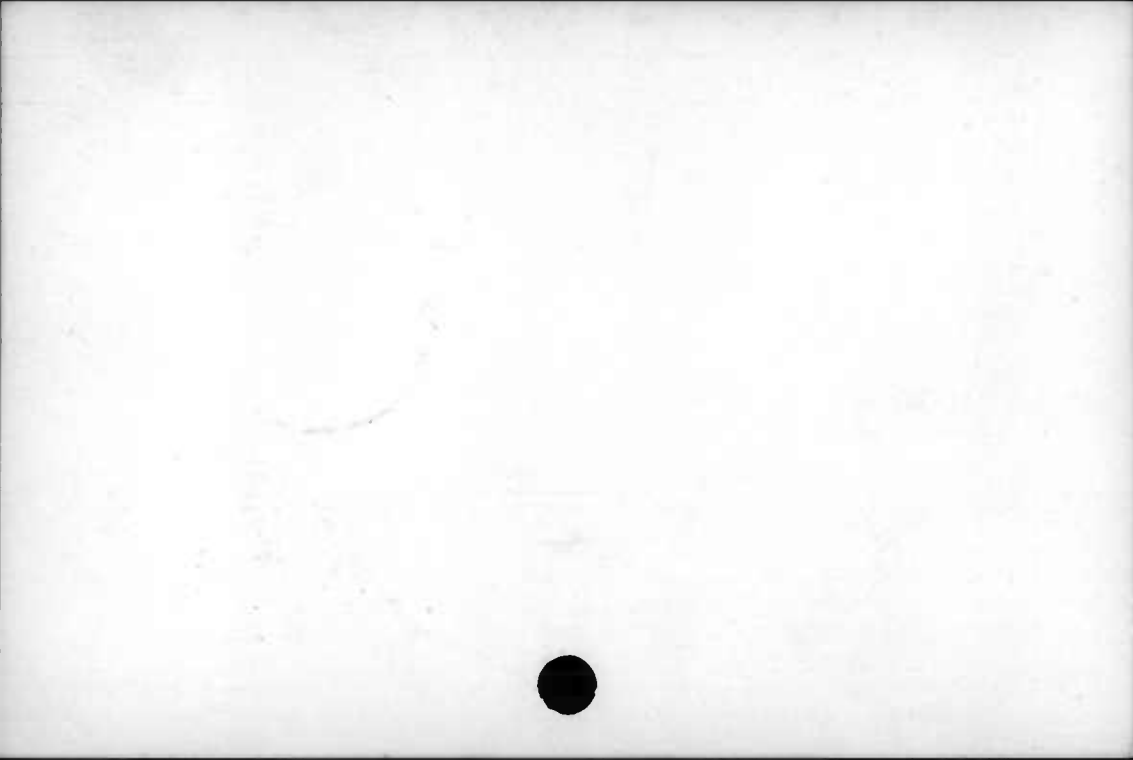
Died <i>near</i> <sup>Town</sup> <i>Crooksville</i>		<sup>County</sup> <i>Storran</i>		MARYLAND	
Date of death	<i>1907</i>	<sup>Month</sup> <i>October</i>	<sup>Day</sup> <i>28</i>	<sup>Years</sup> <i>fifty nine</i>	<sup>Months</sup> <i>3</i> <sup>Days</sup> <i>28</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Bald City, Md</i>	
Where Residing if not at place of death			<i>at home</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Maristta Marfield Mills</i>	
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	<i>J. M. Bowman</i>		How related to deceased	<i>Funeral Director</i>	

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several Years</i>
Immediate	<i>4</i>	How long	<i>4</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. O. D. Mayfield</i>
		Address	<i>Lisbon, Md</i>
Accident or Suicide?			



Name  
in  
Full

Ernest Morison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

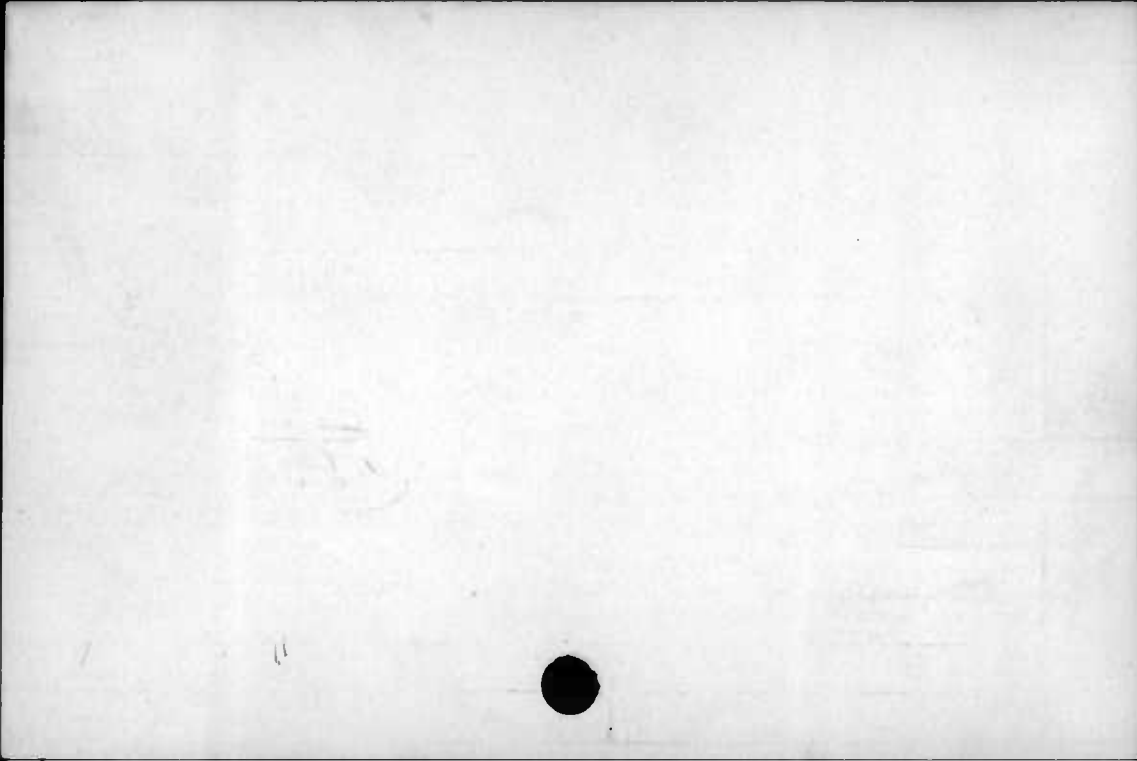
Died <sup>Town</sup> near <i>Lechester</i>			<sup>County</sup> <i>Howard</i>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1907</i>	<i>Oct.</i>	<i>31</i>	<i>27</i>	<i>27</i>	<i>3</i>	<i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Ernest N. Morison</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Priscilla Ridgley White</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs. E. N. Morison</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal tuberculosis</i>	How long	<i>1 month</i>
Immediate	<i>Insanition</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. R. Eareckson</i>	
		Address <i>Eck Ridge, Md</i>	
Accident or Suicide?			





Name  
in  
Full

Edna May Paddicord

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Elk Ridge

County Howard

MARYLAND

Date of death 1907 Oct

Month

Day 11

Age 23

Years

Months 10

Days 27

Sex Female

Color or Race White

Birth-place Baltimore, Md

Occupation Stenographer

Where Residing if not at place of death

Elk Ridge

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name Gilbert W. Paddicord

Father's Birthplace Paeto, Md.

Mother's Maiden Name Elizabeth Silbereisen

Mother's Birthplace Paeto Md.

Name of person giving information Christina Silbereisen

How related to deceased Aunt

## CAUSES OF DEATH

27

Primary Grip

How long 1 wk

Immediate Pulmonary tuberculosis

How long 9 mos.

Are the name, age, sex, color, date and place correctly given above? yes

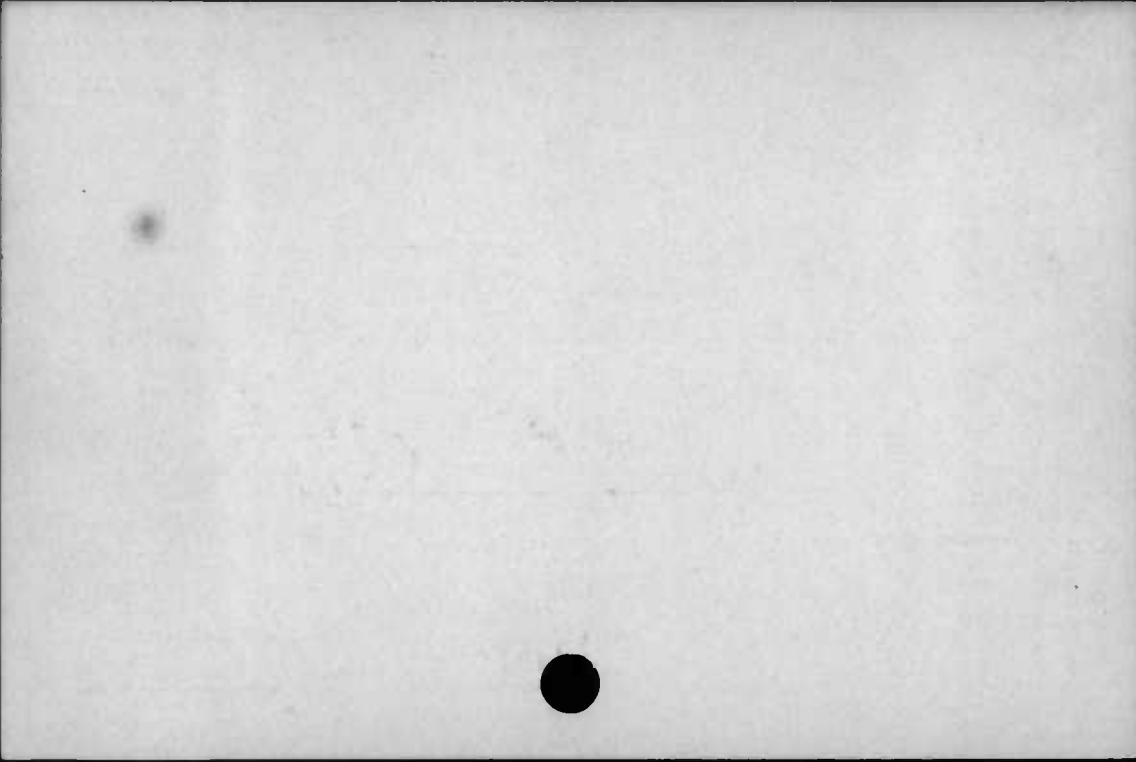
Signature of Physician Wm R. Eareckson

Address

Elk Ridge, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Michael J. Robinson

Town

County

MARYLAND

Died at *Near Dorsey**Howard*

Date

Month

Day

Years

Months

Days

of death *1907 Oct.**31*

Age

*55 or 56*

Sex

*Male*Color or  
Race*White*Birth-  
place*Ireland*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Not known*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Not known*Mother's  
Birthplace*Ireland*Name of person giving  
Information*Himself*How related  
to deceased

## CAUSES OF DEATH

120

Primary

*Chr. Nephritis*

How long

*Don't know*

Immediate

*Acute bronchitis*

How long

*1 wk*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Wm. R. Eaneson*

Address

*Eek Ridge Md*

Accident or Suicide?

Exp. Carnets

Peffer Carnet

Nov. 1/07

Name  
in  
Full

Walter C. Sinclair

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> near Elk Ridge			County <sup>Howard</sup>			MARYLAND	
Date of death	1907	Month	Oct.	Day	15	Years	Age 19
Sex		Male		Color or Race		White	
Birth-place		Baltimore, Md					
Occupation				Farmer			
Where Residing if not at place of death				near Elk Ridge.			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Joseph C. Sinclair			
Mother's Maiden Name				Louisa J. Hoar			
Name of person giving information				Joseph C. Sinclair			
Father's Birthplace				Baltimore, Md			
Mother's Birthplace				Baltimore, Md.			
How related to deceased				Father			

## CAUSES OF DEATH

Primary	Typhoid fever	How long	about 4 wks
Immediate	Intestinal perforation, peritonitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm R. Eareckson	
Address		Elk Ridge, Md.	
Accident or Suicide			

PHYSICIAN  
OR CORONER

Geo J Smith & Co

11

Name  
in  
Full

Henson Snell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

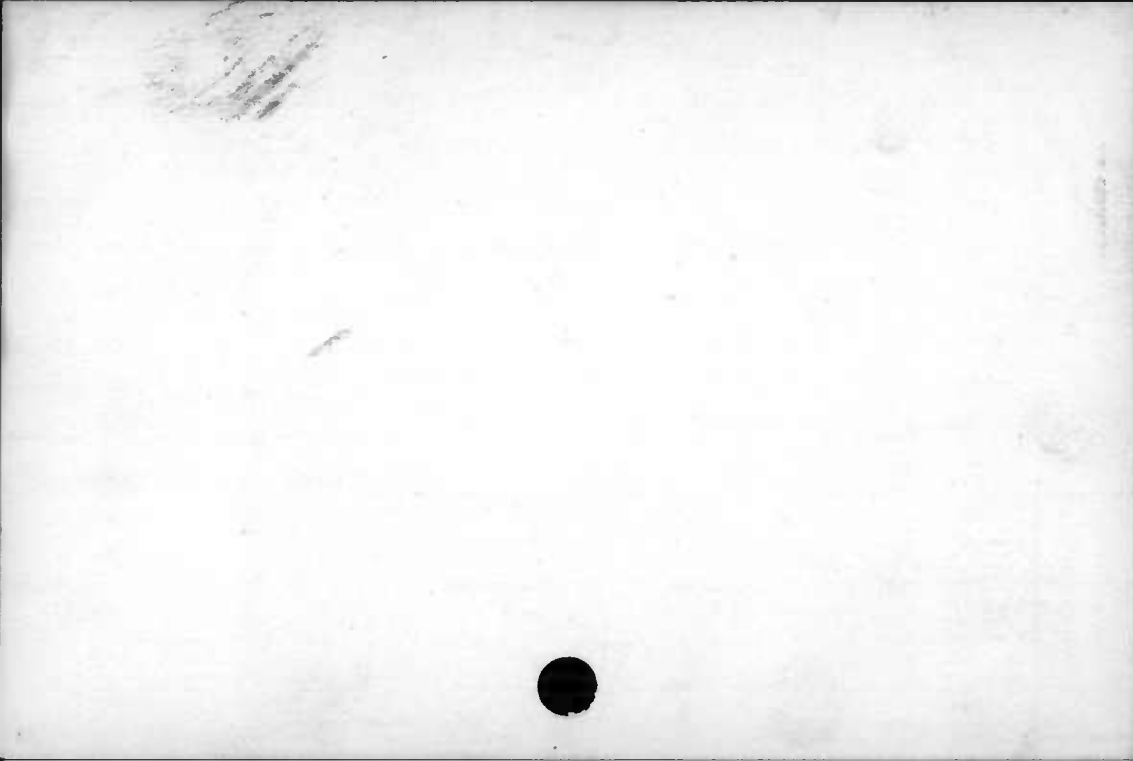
Died at		Town <i>Snelltown</i>		County <i>Haworth</i>		MARYLAND	
Date of death		Month <i>10</i>	Day <i>15</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>	
Sex	<i>male</i>		Color or Race	<i>black</i>		Birth-place	<i>md</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>—</i>			
<del>Married</del> Single or Widowed	<i>single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Dennis Snell</i>				Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Annice Matthews</i>				Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Joseph Campsbrell</i>				How related to deceased	<i>nephew</i>	

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary	<i>not known</i>	How long	<i>3 days</i>
Immediate	<i>Tetanus</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. F. Taylor</i>	
		Address	
		<i>Laurel Md</i>	
<del>Accident or Suicide?</del>			





Name  
in  
Full

Anna Martha Super.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Guilford</i>		Town <i>Guilford</i>		County <i>Haward</i>		MARYLAND	
Date of death <i>1907 Oct.</i>		Month <i>Oct.</i>		Day <i>7th</i>		Age <i>80</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>1</i>	
Occupation <i>Farmer's wife</i>		Where Residing if not at place of death				Days <i>9</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Henry F. Super</i>					
Father's Name <i>Richard</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>H. F. Super</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>4 days</i>
Immediate <i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas C. Tumbleson</i>
	Address <i>Guilford Md -</i>
Accident or Suicide?	

